

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Optometrists
Opticians
Managed Care Plans

**Memorandum No: 04-46 MAA
Issued: June 14, 2004**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Contact:
1-800-562-6188

Supersedes: 03-32 MAA

Subject: Vision Care Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs);
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Healthcare Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

MAA is updating the Vision Care Program fee schedule with Year 2004 RVUs. The maximum allowable fees have been adjusted to reflect these changes. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached are updated replacement pages K.1-K.6 of MAA's Vision Care Billing Instructions, dated September 2000. To obtain MAA's numbered memoranda and billing instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Payable to Ophthalmologists, Optometrists and Opticians

Procedure Code/ Modifier	Description	Maximum Allowable Effective 7/1/04	
		NFS	FS
Contact Lens Services			
92070	Fitting of contact lens for treatment of disease (Does not include any follow-up days)	\$40.81	\$23.25
Spectacle Fitting fees, monofocal			
92340	Fitting of spectacles	24.80	24.80
92352	Special spectacles fitting	24.80	24.80
Spectacle Fitting fees, bifocal			
92341	Fitting of spectacles	27.98	27.98
Spectacle Fitting fees, multifocal			
92342	Fitting of spectacles	29.80	29.80
92353	Special spectacles fitting	29.12	29.12
Other			
92354	Special spectacles fitting	205.62	205.62
92370	Repair & adjust spectacles	20.18	10.65
92371	Repair & adjust spectacles	14.51	14.51
92390	Supply of spectacles (Use for materials for eyeglass repair only.)	15.17	15.17
92499	Eye service or procedure	BR	BR

Fitting fees are not covered by Medicare and may be billed directly to the MAA without attaching a Medicare denial.

BR = By Report; # = Not covered
NFS = Non-facility Setting; FS = Facility Setting

CPT codes and descriptions are copyright 2003 American Medical Association.

Payable to Ophthalmologists and Optometrists Only

Procedure Code/ Modifier	Description	Maximum Allowable Effective 7/1/04	
		NFS	FS
General Ophthalmological Services			
92002	Eye exam, new patient	\$42.39	\$28.34
92004	Eye exam, new patient	77.08	54.18
92012	Eye exam established pat	38.77	21.99
92014	Eye exam & treatment	56.90	35.82
Special Ophthalmological Services			
92015	Refraction	43.07	12.24
92018	New eye exam & treatment	82.29	82.29
92019	Eye exam & treatment	43.30	43.30
92020	Special eye evaluation	16.10	12.24
92060	Special eye evaluation	32.64	32.64
92060 – TC	Special eye evaluation	9.97	9.97
92060 – 26	Special eye evaluation	22.44	22.44
92065	Orthoptic/pleoptic training	#	#
92065 – TC	Orthoptic/pleoptic training	#	#
92065 – 26	Orthoptic/pleoptic training	#	#
92081	Visual field examination(s)	28.11	28.11
92081 - TC	Visual field examination(s)	16.32	16.32
92081 - 26	Visual field examination(s)	11.79	11.79
92082	Visual field examination(s)	36.73	36.73
92082 – TC	Visual field examination(s)	22.22	22.22
92082 – 26	Visual field examination(s)	14.51	14.51
92083	Visual field examination(s)	42.17	42.17
92083 – TC	Visual field examination(s)	25.62	25.62
92083 – 26	Visual field examination(s)	16.55	16.55
92100	Serial tonometry exam(s)	50.10	29.70

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Vision Care

Procedure Code/ Modifier	Description	Maximum Allowable Effective 7/1/04	
		NFS	FS
92120	Tonography & eye evaluation	\$42.62	\$26.07
92130	Water provocation tonography	46.93	27.20
92135	Ophthalmic dx imaging	26.30	26.30
92135 – TC	Ophthalmic dx imaging	14.28	14.28
92135 – 26	Ophthalmic dx imaging	11.79	11.79
92136	Ophthalmic biometry	53.73	53.73
92136 – TC	Ophthalmic biometry	35.59	35.59
92136 – 26	Ophthalmic biometry	18.14	18.14
92140	Glaucoma provocative tests	33.10	16.32
Ophthalmoscopy			
92225	Special eye exam, initial	13.83	12.47
92226	Special eye exam, subsequent	12.47	11.11
92230	Eye exam with photos	52.37	18.59
92235	Eye exam with photos	87.05	87.05
92235 – TC	Eye exam with photos	59.85	59.85
92235 - 26	Eye exam with photos	27.20	27.20
92240	Icg angiography	187.48	187.48
92240 – TC	Icg angiography	150.98	150.98
92240 – 26	Icg angiography	36.50	36.50
92250	Eye exam with photos	50.10	50.10
92250 – TC	Eye exam with photos	35.14	35.14
92250 – 26	Eye exam with photos	14.74	14.74
92260	Ophthalmoscopy/dynamometry	11.34	6.80
Other Specialized Services			
92265	Eye muscle evaluation	62.12	62.12
92265 – TC	Eye muscle evaluation	36.95	36.95
92265 – 26	Eye muscle evaluation	25.16	25.16

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Vision Care

Procedure Code/ Modifier	Description	Maximum Allowable Effective 7/1/04	
		NFS	FS
92270	Electro-oculography	\$55.31	\$55.31
92270 – TC	Electro-oculography	28.34	28.34
92270 – 26	Electro-oculography	26.98	26.98
92275	Electroretinography	68.01	68.01
92275 – TC	Electroretinography	34.91	34.91
92275-26	Electroretinography	32.87	32.87
92283	Color vision examination	23.35	23.35
92283 – TC	Color vision examination	17.68	17.68
92283 – 26	Color vision examination	5.67	5.67
92284	Dark adaptation eye exam	58.72	58.72
92284 – TC	Dark adaptation eye exam	51.01	51.01
92284 – 26	Dark adaptation eye exam	7.71	7.71
92285	Eye photography	29.47	29.47
92285 – TC	Eye photography	22.67	22.67
92285 – 26	Eye photography	6.80	6.80
92286	Internal eye photography	92.72	92.72
92286 – TC	Internal eye photography	70.73	70.73
92286 – 26	Internal eye photography	21.99	21.99
92287	Internal eye photography	80.48	25.84
Contact Lens Services			
92310	Contact lens fitting	53.05	37.63
92311	Contact lens fitting	52.37	33.32
92312	Contact lens fitting	55.99	40.58
92313	Contact lens fitting	47.83	27.88

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HCPCS Code	Description	Maximum Allowable Effective 7/1/04 All Settings
Ocular Prosthesis		
V2623	Prosthetic, eye, plastic, custom	\$862.80
V2624	Polishing/resurfacing of ocular prosthesis	65.09
V2625	Enlargement of ocular prosthesis	395.77
V2626	Reduction of ocular prosthesis	213.33
V2627	Scleral cover shell	1,377.82
V2628	Fabrication and fitting of ocular conformer	325.33
V2630	Anterior chamber intraocular lens	342.42
V2631	Iris, supported intraocular lens	342.42
V2632	Posterior chamber intraocular lens	342.42

Payable to Opticians Only

Procedure Code/ Modifier	Description	Maximum Allowable Effective 7/1/04	
		NFS	FS
Contact Lens Services			
92314	Prescription of contact lens	\$37.41	\$21.99
92315	Prescription of contact lens	32.19	14.06
92316	Prescription of contact lens	38.54	22.44
92317	Prescription of contact lens	34.46	13.83
Miscellaneous Vision Services			
V2799 - TT	Miscellaneous vision service <i>Use for operating costs in nursing homes. (Allowed once per visit, per facility, regardless of how many clients are seen, when eyeglass fitting or eligible repair services are performed.)</i>	17.01	17.01

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Fee Schedule